

Appendix 1

Real-Time Claims Submission Instructions

Wisconsin Medicaid requires providers to use National Council for Prescription Drug Programs (NCPDP) values for real-time pharmacy claims submission. Point-of-Sale (POS) accepts NCPDP transaction formats 3.2 variable, 3C, and 4.0 variable. (Version 4.0 is required for compound claims submissions).

To avoid denial or inaccurate claim payment, use the following real-time claim instructions. Enter all required data in the appropriate fields. All fields are required unless “optional” or “not required” is indicated. Additionally, some fields that are required may also have specific Medicaid billing requirements that are different from other payers’ requirements.

Fields marked with an asterisk ()* For additional questions regarding these fields, the provider may find it helpful to contact their software provider. Depending on the software, these fields may be formatted to look differently, or possibly the provider does not see these fields at all. For example, the Compound Code field: the provider may have different screens for compound and non-compound drugs, and depending on which screen is used, the software may autoplug the value.

Transaction Code*

Enter the appropriate transaction.

Code	NCPDP Description
01	Billing 1 prescription.
02	Billing 2 prescriptions.
03	Billing 3 prescriptions.
04	Billing 4 prescriptions.
11	Reversal.

Pharmacy Number*

Enter the billing provider’s eight-digit Medicaid provider number.

Cardholder ID Number

Enter the recipient’s 10-digit Medicaid identification (ID) number exactly as it appears on the current Medicaid identification card.

Patient First Name

Enter the recipient’s first name from the recipient’s Medicaid ID card. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient’s name. If the name or spelling of the name on the Medicaid ID card and the EVS do not match, use the spelling from the EVS.

Patient Last Name

Enter the recipient’s last name from the recipient’s Medicaid ID card. Use the EVS to obtain the correct spelling of the recipient’s name. If the name or spelling of the name on the Medicaid ID card and the EVS do not match, use the spelling from the EVS.

Compound Code*

This code is used to indicate whether a prescription is a compound drug.

Note: If submitting a compound claim and the compound indicator does not indicate compound, the claim will be processed as a non-compound claim with a single detail.

Code	NCPDP Description
0	Not specified.
1	Not a compound.
2	Compound.

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Other Coverage Code

Wisconsin Medicaid is usually the payer of last resort for Medicaid-covered services (refer to the Coordination of Benefits section of the All-Provider Handbook for more information). Prior to submitting a claim to Wisconsin Medicaid, providers must verify whether a recipient has other health coverage (e.g., commercial insurance, HMO, or Medicare). Claims for recipients who have other commercial health coverage must be billed to the other health insurance carrier prior to submitting to Medicaid.

Enter the appropriate other coverage code in the other coverage field:

Code	NCPDP Description	Wisconsin Medicaid Description
0	Not specified.	A correct and complete claim was submitted to and denied by the recipient's commercial health insurance. The claim was denied because the recipient's benefits were exhausted, the services are not covered, the deductible was reached, etc., or the payment was applied towards the recipient's coinsurance and deductible.
1	No other coverage identified.	The recipient has no other health coverage (e.g., commercial health insurance).
2	Other coverage exists — payment collected.	The claim was paid in part by the recipient's commercial health insurance or HMO. The amount paid by the health insurance carrier or the insured must be indicated on the claim.
3	Other coverage exists — this claim not covered.	The recipient has only Medicare coverage, and Medicare denied the claim because the recipient's benefits are exhausted or the service is not a covered Medicare benefit. Do not use this other coverage code when the recipient is covered by Medicare and commercial health insurance or private HMO.
4	Other coverage exists — payment not collected.	The recipient has other commercial health insurance coverage. However, the health insurance carrier was not billed for reasons including, but not limited to, the following: <ul style="list-style-type: none"> • The recipient denies coverage or will not cooperate. • The provider knows the service in question is not covered by the carrier. • The health insurance carrier fails to respond to initial and follow-up claims. • The benefits are not assignable or cannot get an assignment. • The provider does not contract with the recipient's commercial health insurance plan. • Services would be applied to a deductible amount.

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Code	NCPDP Description	Wisconsin Medicaid Description
4 (continued)	Other coverage exists — payment not collected.	<ul style="list-style-type: none"> Insurance plan requires paper claim forms for billing. Insurance plan maintains a short billing deadline that cannot be met. Insurance plan is a 100% discount plan. Total billed amount is less than \$10.00. Other billing problems exist.
5	Managed care plan denial.	<p>The recipient has commercial HMO or health maintenance plan (HMP) health insurance coverage. However, the HMO does not cover the service, or the billed amount does not exceed the coinsurance or deductible amount.</p> <p>The recipient resides outside the commercial HMO service area.</p> <p>Do NOT use this indicator if the HMO or HMP denied payment because a designated provider did not provide an otherwise covered service.</p>
7	Other coverage exists — not in effect at time of service.	The recipient is not Medicare eligible at the time of service.

Customer Location

Enter the appropriate two-digit place of service codes for each drug or supply billed.

Code	NCPDP Description
00	Not specified.
01	Home (IV-IM Services Only).
07	Skilled care facility.
08	Sub-acute care facility.
10	Outpatient (Doctor's Office).

Date Filled/Date of Service*

Enter the date that the prescription was filled or refilled in MM/DD/YY or MM/DD/YYYY format.

Note: When billing unit dose services, the last date of service in the billing period must be entered.

Prescription Number

Enter the prescription number. Each legend and over-the-counter (OTC) drug billed must have a unique prescription number.

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New/Refill Code

Enter the appropriate NCPDP code that indicates the number of refills for this prescription.

Code	NCPDP Description
00	New prescription.
01	1 st refill of prior prescription.
02	2 nd refill of prior prescription.
03	3 rd refill of prior prescription.
04	4 th refill of prior prescription.
05	5 th refill of prior prescription.
06	6 th refill of prior prescription.
07	7 th refill of prior prescription.
08	8 th refill of prior prescription.
09	9 th refill of prior prescription.
10-99	10 th -99 th refill of prior prescription.

Metric Quantity (used for compound drug submission only)

Enter the total quantity of the entire compound.

Days' Supply

Enter the estimated days' supply of tablets, capsules, fluid cc's, etc., that has been prescribed for the recipient. This must be a whole number greater than zero (e.g., if a prescription is expected to be used for five days, enter "5").

Note: Days' supply is not the duration of the treatment, but the expected number of days the drug will be used.

NDC

Enter the 11-digit National Drug Code (NDC) or Medicaid-assigned 11-digit procedure code for the item being billed. (Use the NDC indicated on the product).

Dispense As Written/Product Selection Code Other Coverage Code

If the legend drug dispensed is listed in the Wisconsin Medicaid Drug File as the innovator with a state maximum allowable cost (MAC), and the prescribing physician indicated "Brand Medically Necessary" on the prescription, enter "1" in this field, otherwise indicate a "0".

Code	NCPDP Description
0	No product selection indicated.
1	Substitution not allowed by prescriber.

Ingredient Cost

Enter the ingredient cost in this field.

Prescriber ID

Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained, use one of the following default codes:

XX555555 — Prescriber's DEA number cannot be obtained.

XX999999 — Prescriber does not have a DEA number.

These codes must not be used for prescriptions for controlled substances.

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Date Prescription Written

Enter the date shown on the prescription using YYYYMMDD format.

Level of Service

This field is required when billing for Pharmaceutical Care (PC) services and for compound drugs. When billing for PC, the level of service must be billed with all three Drug Utilization Review (DUR) fields. The following are the valid values to be indicated:

Code	Description
11	0 through 5 minutes.
12	6 through 15 minutes.
13	16 through 30 minutes.
14	31 through 60 minutes.
15	61 + minutes.

Diagnosis Code (optional)

This field must be completed when billing for a drug that requires a diagnosis code or when billing for PC services. If the diagnosis of the drug is different from that of the PC services, enter the diagnosis code of the drug from *the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* coding structure. Enter all digits of the diagnosis code, including the preceding zeros.

Unit Dose Indicator

Enter one of the following single-numeric indicators when billing for unit dose for non-compound drugs. A unit dose indicator is required when billing for PC services.

Code	NCPDP Description	Wisconsin Medicaid Description
0	Not specified.	Use for traditional dispensing fee with no repackaging allowance. No unit dose dispensed. To be used when billing non-dispensing PC services.
1	No unit dose.	Use for dispenser-repackaged unit dose drugs for which you are entitled to only the traditional dispensing fee. Providers are reimbursed an additional unit dose repackaging fee, but not the higher unit dose dispensing fee.
2	Manufacturer unit dose.	Unit dose for manufacturer-prepackaged unit dose drugs for which you are entitled to the unit dose dispensing fee. Providers are reimbursed the higher unit dose dispensing fee, but not the repackaging allowance. To be used when billing non-dispensing PC services.
3	Pharmacy unit dose.	Use for dispenser-repackaged unit dose drugs for which you are also entitled to the unit dose dispensing fee. Providers are reimbursed an additional unit dose repackaging fee and the higher dispensing fee.

Appendix

Usual and Customary

Enter the total charge for each line item. The charge should represent your usual and customary fee.

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Other Payer Amount (optional)

When applicable, enter the amount paid by other commercial insurance. Required when “Other Coverage Code” indicates “2” (other coverage exists — payment collected).

Note: This element is not used for the Medicare paid amount.

Patient Paid Amount (optional)

When applicable, enter the recipient spenddown amount in this field. ~~field~~ *Do not* enter a recipient’s Medicaid copayment in this field. Wisconsin Medicaid automatically deducts the applicable Medicaid copayment amount from the claim.

Metric Decimal Quantity

Enter the metric decimal quantity in the specified unit of measure according to the Wisconsin Medicaid Drug File. This field allows three decimal places.

Prior Authorization Number (optional)*

If prior authorization (PA) has been obtained, enter the seven-digit number in this field, preceded by a “1.”

DUR Conflict/Reason for Service Code (optional)

This field is required when billing for DUR or PC services. Refer to the Drug Utilization Review and Pharmaceutical Care section of this handbook for applicable field values and further information on DUR and PC.

DUR Intervention Code/Action (optional)

This field is required when billing for DUR or PC services.

DUR Outcome Code/Result (optional)

This field is required when billing for DUR or PC services.

Compound Ingredient Component Counter (compound claims only)*

A count of each ingredient in the mixture submitted. The compound ingredient counter number is incremented for each ingredient submitted. (For example, the first ingredient will be 01, second will be 02, etc.)

NDC (compound drug claims only)

Enter the NDC that identifies the compound ingredient.

Compound Ingredient Metric Decimal Quantity (compound claims only)

Enter the quantity of the product included in the compound in metric decimal format (e.g., 99999.999).

Compound Ingredient Drug Cost (compound claims only)

Enter the ingredient cost for the metric decimal quantity of the product included in the compound indicated in field 448-ED.

Bin Number

Always use value 610499.

Version/Release Number

This number identifies the NCPDP format being sent:

- 32 = Version 3.2.
- 3C = Version 3C.
- 40 = Version 4.0.

Processor Control Number

This is a vendor code number assigned by Wisconsin Medicaid to identify the software used in the claims submission.